County: Marinette RENNES HEALTH CENTER EAST - FDD

701 WILLOW STREET

PESHTI GO 54157 Phone: (715) 582-3962		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	18	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	18	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	18	Average Daily Census:	18

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	22. 2
Supp. Home Care-Personal Care	No					1 - 4 Years	16. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	33. 3	More Than 4 Years	61. 1
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	33. 3		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	33. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0. 0	İ	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	66. 7		
Transportati on	No	Cerebrovascul ar	0. 0			RNs	9. 4
Referral Service	No	Di abetes	0. 0	Sex	% j	LPNs	6. 8
Other Services	No	Respi ratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	55.6	Aides, & Orderlies	50. 1
Mentally Ill	No			Femal e	44. 4		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		edicare itle 18			ledicaid litle 19			0ther]	Pri vate Pay	;		amily Care			bnaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of Al l
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				18	100.0	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	18	100. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		18	100.0		0	0.0		0	0.0		0	0.0		0	0.0		18	100. 0

RENNES HEALTH CENTER EAST - FDD

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti d	ns, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	`						
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne (r Two Staff	Dependent l	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		77. 8	22. 2	18
Other Nursing Homes	50.0	Dressing	38. 9		38. 9	22. 2	18
Acute Care Hospitals	0.0	Transferring	50 . 0		33. 3	16. 7	18
Psych. HospMR/DD Facilities	0.0	Toilet Use	38. 9		33. 3	27. 8	18
Reĥabilitation Hospitals	0.0	Eating	66. 7		27. 8	5. 6	18
Other Locations	50. 0	********************	******	*****	*********	*********	******
Total Number of Admissions	4	Continence		%	Special Treatm	ments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	5. 6	Receiving Re	espi ratory Care	5. 6
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	55. 6	Receiving Tr	racheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	33. 3	Receiving Su	ıcti oni ng	0. 0
Other Nursing Homes	33. 3	_			Receiving 0s	stomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Receiving Tu	ıbe Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	22. 2	Receiving Me	echanically Altered Diets	66. 7
Rehabilitation Hospitals	0.0	Ì				•	
Other Locations	0.0	Skin Care			Other Resident	t Characteristics	
Deaths	66. 7	With Pressure Sores		0. 0	Have Advance	e Directives	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	3	ĺ			Receiving Ps	sychoactive Drugs	16. 7
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